



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kevin J. Tracey

Application No.: 10/535,267

Group: 1643

371(c) Date: November 22, 2005

Examiner: David J. Blanchard

Confirmation No.: 6690

For: USE OF HMGB POLYPEPTIDES FOR INCREASING IMMUNE  
RESPONSES

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
<u>5/22/08</u> Date	<u>Doreen Fisher</u> Signature
<u>Doreen Fisher</u> Typed or printed name of person signing certificate	

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Reply to Restriction Requirement and Preliminary Amendment for filing in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

					SMALL ENTITY		OTHER THAN SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	45	MINUS	45	0	X \$ 25	\$		X 50	\$
INDEP	4	MINUS	4	0	X \$105	\$		X \$210	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+	\$185	\$	+	\$370
					TOTAL = \$ 0			TOTAL = \$ 0	

\* not fewer than 20  
\*\* not fewer than 3

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY		Payment Sufficient for up to
			Rate	Total Amount Owed	Rate	Total Amount Owed	
69	100	0	X \$130	\$[ ]	X \$260	\$[ ]	100 Sheets

### Petition for Extension of Time

- ☒ Applicant hereby petitions to extend the time to respond to the Office Action dated March 26, 2008 for one month from April 26, 2008 to May 26, 2008. The appropriate fee is set forth below.
- ☐ [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

**Please charge Deposit Account No. 08-0380 for the following fees:**

<input type="checkbox"/>	Petition for [    ] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	_____


**A check is enclosed in payment of the following fees:**

<input checked="" type="checkbox"/>	Petition for one month Extension of Time	\$	120
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	120

- ☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. If this submission is in paper form, a copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

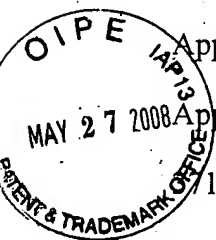
HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By   
Kristin A. Connarn  
Registration No.: 57,025  
Telephone (978) 341-0036  
Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: May 22, 2008

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\* not fewer than 20  
\*\* not fewer than 3

SMALL ENTITY	
RATE	ADDIT. FEE
X \$ 25	\$
X \$105	\$
+ \$185	\$

TOTAL = \$ 0

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
X 50	\$
X \$210	\$
+ \$370	\$

TOTAL = \$ 0

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)
69	100	0

SMALL ENTITY	
Rate	Total Amount Owed
X \$130	\$[ ]

OTHER THAN SMALL ENTITY	
Rate	Total Amount Owed
X \$260	\$[ ]

Payment Sufficient for up to
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<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
		\$ _____
		\$ _____
	<b>TOTAL:</b>	\$ _____

<input checked="" type="checkbox"/>	Petition for one month Extension of Time	\$ 120
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
		\$ _____
		\$ _____
	<b>TOTAL:</b>	<b>\$ 120</b>

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Kristin Connarn  
Kristin A. Connarn  
Registration No.: 57,025  
Telephone (978) 341-0036  
Facsimile (978) 341-0136

Dated: May 22, 2008